

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Christopher Shalosky</b>			3. FEC Identification Number <div>C C90015686</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 11118 Casa Loma Dr.			
(c) City, State and ZIP Code Riverview FL 33569			
2. Occupation and Name of Employer (for Individual Filers Only) self			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☐ 48-Hour Report

☒ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

Christopher Shalosky

Christopher Shalosky

01/05/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Christopher Shalosky

Full Name (Last, First, Middle Initial) of Payee

BP Graphics Inc

Date of Public Distribution/Dissemination

MM / DD / YYYY  
12 / 10 / 2015

Mailing Address 3940 W MONTECITO AVE

Amount

868.90

City State Zip Code  
Phoenix AZ 85019

Transaction ID : F57.000001

Purpose of Expenditure  
Purchased campaign material from independent vendorCategory/  
Type 006Office Sought: ☐ House State: FL  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Ted CruzCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 868.90

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 868.90  
(carry total from last page forward to Line 7)